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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S56765

1. Corporation Name

GUARANTEED REAL ESTATE INVESTMENT COMPANY

Principal Place of Business

P.O. BOX 612494
NORTH MIAMI FL 33261

Mailing Address

P.O. BOX 612494
NORTH MIAMI FL 33261

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1991

4. FEI Number

65-0405225

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 9365 COLLINS AVE

Suite, Apt. #, etc.

22

City & State

23 MIAMI BEACH, FLORIDA

Zip

24 33154

Country

25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

ERBE BONNIE
1135 SHENANDOAH CT
MARCO FL 33937

10. Name and Address of New Registered Agent

81 Name

TIMOTHY LEONARD

82 Street Address (P.O. Box Number is Not Acceptable)

1050 NE 131 ST

83

84 City

NORTH MIAMI

FL

85 Zip Code
33181

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE TIMOTHY LEONARD

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ERBE BONNIE

STREET ADDRESS P.O. BOX 612494 N/A

CITY-ST-ZIP NORTH MIAMI FL 33261

TITLE D ☐ DELETE

NAME ERBE, ERNEST

STREET ADDRESS PO BOX 612494

CITY-ST-ZIP N MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TIMOTHY LEONARD Director ☒ Change ☐ Addition

1.2 NAME TIMOTHY LEONARD

1.3 STREET ADDRESS 1050 NE 131 ST

1.4 CITY-ST-ZIP NORTH MIAMI FL 33181

2.1 TITLE Director ☒ Change ☐ Addition

2.2 NAME DENTEL LEONARD

2.3 STREET ADDRESS 1050 NE 131 ST

2.4 CITY-ST-ZIP NORTH MIAMI FL 33181

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/15/99

305-864-2232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #